

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520019

FILING DATE

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3	/		/				53						
4	2		/				54						
5	8		/				55						
6	8		/				56						
7	8		/				57						
8	8		/				58						
9	0		/				59						
10	0		/				60						
11	0		/				61						
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48							98						
49							99						
50							100						
TOTAL IND.	2		↓	2		↓							
TOTAL DEP.	12	←	11	←		←							
TOTAL CLAIMS	14			13									